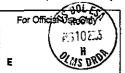


## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amanded. Febure to comply may result in criminal prosecution, fines, c civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 49/0

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and oddress of labor organization.			
Name Rose M Marxen	Name O.P.E.I.U.  339			
	Labor Organization File Number (2)/604			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and R⇒əm Numbər, if any			
Street 632 Lucille Ave.	Street 3576 Homewood			
City Akron	City Cuyahoga Fakus			
State Ohio ZIP Codo + 4 44310	State Ohio ZIP Code + 4 44223			
5. Position in labor organization. Financial Secretary				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or Indirectly had any of the following interests (or or plass specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of				
monetary value from an employer whose an players your organizati	on represents or is active; socking to represent.			
6. Name and address of Employer (including trade ரமார், பி வரு).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Change	7.b. Amount.			
Street				
City	\$0			
State ZIP Coco + 4				
Signature				
16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable parallies of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been extrained by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
signed Rose Myry	On 08/03/2005 (330)535-9543			
	Date Telephone Number			
Form I M-30 /2003\				

Name of son Filing	Rose Marxen		File Number U-
		rio benefit with monetary value from a business (1) a	

substantial part of which consists of buying from, 631 ng of leasing to of an employer whose employees your labor organization represents (2) any part of which consists of buying from or celling or leasing dire dealing with your labor organization or with a trut in which your labor.	or is actively seeking to represent, o: actly or indirectly to, or otherwise	
8. Name and address of Business (including trade of the, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization	
rrace name, i any.	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	3. <u></u>	
City		
State ZIP Ccdo + 4		;
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such decling.	
Name		
Trade Name, if any:		:
P.O. Box, Bldg., Room No., # any		
Street	11.b. Approximate dollar volution of such dealing.	\$0
City	12.a. Nature of interest had or income received.	
State ZiP Codo + 4		
		!
	12.b. Amount.	\$0
C. Panaisand from any ampleusy (other three 27 amp'ever cover	prod (mdor party A and P above)	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employar any payment of money or other thing of value.			
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant		14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Coco + 4		
13.b. is the Business an Employer	or Consultant	?	14.b. Amount of payment.